

## **Bill White**

Mayor

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www.houstontx.gov/oem

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## Needs Assessment for Special Populations

The City of Houston, Harris County, and community agencies serving Special Populations, invites you to complete this survey to help determine your needs in the event of a disaster or evacuation. Please complete the survey and return it to the distributing organization, or mail to:

Houston Emergency Management 5320 North Shepherd Houston, Texas 77091

If you have any questions, you may call 713 884-4500 or TTY phone: 713 884-4518, for further information.

Na	me:	
Ad	dress where you live:	
ZIF	Code:	<u> </u>
Но	me phone number:	
Alte	ernate phone number:	
Alte	ernate contact person:	Phone:
1)	In the event of a disaste	er do you have a plan to evacuate?
	Yes	No
2)	If YES, what transportation do you plan to use? Please check one in each column	
	Car Metro bus Metro lift Taxi Other	SelfFamilyFriendVolunteer (church or club)Local Government Resource
3)	Do you have special nee	eds that will affect your ability to evacuate?
	Yes	No
4)	If YES, please check wh	at type of needs
	Medical equipm Personal care a Service animal Other, please of	assistance
	Signature:	
	Thank you	for completing this survey.

Return to:

Houston Emergency Management 5320 N. Shepherd Houston, Texas 77091 713 884-4500